

Our Beloved Community Festival

A Tribute to Dr. Martin Luther King

Celebrating Our Community

Organization/Individual Display Registration Form

CONTACT INFORMATION

Name

Address (Please Include City and Postal Code)

Contact Number

E-mail Address

ADDITIONAL INFORMATION

Are you representing an organization? ☐ YES ☐ NO (If yes, please indicate the name of the organization in the box below.)

Please select your age category. ☐ Youth ☐ Adult ☐ Senior

Please indicate the subject matter of your display. (You may select as many as best describes your display.)

- ☐ Education
- ☐ Environment
- ☐ Social Justice/Issues
- ☐ Peace/Conflict Resolution
- ☐ Ethics/Philosophy/Spirituality
- ☐ Other: _____

Would you like the MLK Day Planning Committee to contact you about participation in future community events? ☐ YES ☐ NO

PLEASE RETURN THIS FORM ON OR BEFORE Friday, January 9, 2004 TO:

Indiana Commission on Community Service and Volunteerism
ATTN: MLK Day Community Celebration
302 West Washington Street, Room E220
Indianapolis, Indiana 46204